

Image# 12961350521

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Keith Maurice Ellison			2. Candidate's FEC Identification Number H6MN05183	
(b) Address (number and street) PO Box 6072			<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Minneapolis MN 55406			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MN 05		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Ellison for Congress		
(b) Address (number and street) PO Box 6072		
(c) City, State, and ZIP Code Minneapolis MN 55406		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Jared Polis Victory Fund		
(b) Address (number and street) PO Box 1174		
(c) City, State, and ZIP Code Springfield VA 22151		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Keith Maurice Ellison [Electronically Filed]	Date 12/05/2012
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Progressives Win 2012

(b) Address (number and street)

1 Park Row 5th Fl

(c) City, State and ZIP Code

Providence

RI

02906

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code